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SERIAL NUMBER 10/092,177	FILING OR 371(c) DATE 03/06/2002 RULE	CLASS 623	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. IMM-03701
APPLICANTS Lee C. Bergen, Arlington, MA; Michael Szycher, Lynnfield, MA;				
** CONTINUING DATA ***** This appln claims benefit of 60/275,504 03/13/2001				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 04/05/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING 4	TOTAL CLAIMS 17
INDEPENDENT CLAIMS 2				
ADDRESS 26339				
TITLE Drug eluting encapsulated stent				
FILING FEE RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	